

BOMB THREAT REPORT FORM

QUESTIONS TO ASK

When is the bomb going to explode?
What will cause it to explode?
Why was the bomb placed?
Who is the leader of the group?

Where is it right now?
What kind of a bomb is it?
What is your name?
Do you know innocents may be killed or injured?

What does it look like?
Did you place the bomb?
Do you represent a group?

Name of threat recipient: _____

Office/Department: _____

Campus Phone: _____

Email (if rec'd. by email): _____

Call rec'd. on ____/____/____ at ____:____ AM or PM

Caller was: Male or Female Estimated Age: _____

Call Characteristics (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accented | <input type="checkbox"/> Angry | <input type="checkbox"/> Articulate (Educated) |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Cracking |
| <input type="checkbox"/> Crude (Foul Language) | <input type="checkbox"/> Crying | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Distinguished | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Familiar | <input type="checkbox"/> Heavy Breathing | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisped | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Normal | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Raspy | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter |

If accented, describe: _____

If familiar, how: _____

Comments: _____

Background Noises:

Household noises ____ Motor running ____ Music ____ Office or business noises ____

PA system ____ Static ____ Street noises ____ Voices ____ Other _____

Transcribe the threat: _____

EMERGENCY REPORTS QUESTIONNAIRE (Bomb threat on back)

Caller's Name: _____ Call back number: _____

Nature of Emergency: _____ Location of Emergency: _____

Are you safe? _____

(If not, direct recall when caller is safe)

Can you stay on the line? _____

(If not end, the call and get to safety)

KEEP CALLER ON LINE.

Dispatch Officers with all initial info and get ETA.

Provide reassurance and ETA to caller.

CRIMES in Progress

How many suspects? _____

How many victims? _____

Is anyone injured? (if so go to medical now)

Y N N/A

Is the suspect still in area? (Get Descript.)

Y N N/A

Is a weapon involved? (identify if yes)

Y N _____

Vehicle Description

Color: _____

Body Style: sedan convertible SUV
pick up station wagon other

State & Plate: _____

Body Damage: _____

Direction of travel: _____

Number of Passengers _____

Notes: _____

Suspect 1

Age approx. _____

Sex: M F

Height: Tall, Average, Short.

Weight: Thin, Medium, Heavy

Hat: _____

Hair color & style

Coat color & style

Shirt color & style

Pant (skirt/dress) color & style

Glasses color & style

Shoes

Facial Hair style _____

Complexion _____

Tattoos, scars, marks

Items carried (bookbag, purse etc.)

Suspect Name

Suspect 2

Age approx. _____

Sex: M F

Height: Tall, Average, Short.

Weight: Thin, Medium, Heavy

Hat: _____

Hair color & style

Coat color & style

Shirt color & style

Pant (skirt/dress) color & style

Glasses color & style

Shoes

Facial Hair style _____

Complexion _____

Tattoos, scars, marks

Items carried (bookbag, purse etc.)

Suspect Name

MEDICAL Emergencies

(If patient is not able to talk dispatch immediately)

injured? _____ # unconscious _____ # badly bleeding _____ Alcohol/drugs? _____ Weapon? _____ (assault see above)

What happened? _____

Who, if anyone doing first aid? _____ (state type) Was there some type of trauma _____ (state type)

Approx. age of patient _____ Sex of patient _____ Chief complaint _____

Is the victim breathing? **If not, yell for help right now as loud as you can.** Is the victim's heart beating? Check the pulse at the side of the neck. If not yell for help again.

FIRE

Is it out? Y N What is your exact location? _____ Do you know if people are trapped? Y N

Where are people trapped? _____ About how many? _____

Is the alarm going off? Y N If not have caller activate alarm (dispatcher call activate Honeywell and call 911)